

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/557725

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/							/			
2			/							/			
3													
4			/										
5			/										
6			/										
7			/										
8			/										
9			/										
10			/										
11			/										
12			/										
13			/										
14			/										
15			/										
16			/										
17			/										
18			/										
19			/										
20			/										
21			/										
22			/										
23			/										
24			/										
25			/										
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													